

ANNEX 1

DRAFT

WELSH AMBULANCE SERVICES NHS TRUST

MINUTES OF THE OPEN MEETING OF THE QUALITY, SAFETY AND
GOVERNANCE COMMITTEE HELD ON TUESDAY 9
AUGUST 2011 AT CONWY HOUSE, SWANSEA AND VC FROM HQ, ST ASAPH
AND VANTAGE POINT HOUSE, CWMBRAN

PRESENT :

Mr J Morgan	Non Executive Director and Chair
Dr K Fitzpatrick	Non Executive Director
Mr P James	Non Executive Director

IN ATTENDANCE:

Ms R Beaumont Wood	Head of Safeguarding (Item 2 only)
Ms K Charters	Staff Side Representative (UNISON)
Mrs J Cross	Workforce and OD, North (Item 4 only)
Ms A Evans	Associate Nurse Director
Mr T Eckley	National Risk and Health and Safety Manager (Item 3 only)
Mr J Huxley	Assistant Corporate Secretary
Mr R John	Staff Side Representative (UNITE)
Mrs S Jones	Clinical Director
Mr R Lee	Regional Director, Central & West
Mrs K Pitt	Clinical Audit Manager
Mr N Waskett	Medical Adviser
Mr K Webb	Clinical Effectiveness Manager
Mr R Whitfield	Practice, Research and Development Lead (Item 5 only)

APOLOGIES:

Mr S Castledine	Non Executive Director
Mrs J Hardisty	Director of Workforce and OD
Mr A Jenkins	Consultant Paramedic
Mrs D Sharp	Corporate Secretary

38/11 PROCEDURAL MATTERS

RESOLVED: That

(1) it be noted that there were no declarations made under the code of conduct;

(2) the minutes of the meeting of the Committee held on 28 June 2011 be confirmed as a correct record, subject to the following:-

(a) Minute 24/11 (10 May) and 32/11 (b) (28 June) – Clinical Developments/Annual Review

The outstanding action to finalise the job/person specification for the role of Clinician/Paramedic in Control, remain on the Committee action log and an update on the position be reported at the next meeting of the Committee on 11 October 2011.

(b) Minute 32/11(d) – Implementation of the NHS Wales Code of Conduct for Health Support Workers

It was reported that this matter was to be considered by the Strategic Planning Committee and therefore a further report on the outcome of that discussion would be reported to the next meeting of this Committee, including confirmation of the reasons why it was diverted to the Strategic Planning Committee.

(c) Minute 34/11 – Revised Standing Operating Procedure (SOP) for Rapid Response Vehicles (RRV)

It was reported that the revised SOP for RRV's was not available for discussion by the Committee at this meeting because the Management Team wanted to have further discussion about its content before it was ready to be discussed at Committee level. The Committee expressed its disappointment about the situation.

(3) the arrangements to publish revised guidance in relation to the referral of business to the Audit Committee for analysis, as described in the report, be noted and the Chairmen of the Audit Committee and this Committee had agreed to meet to discuss the draft guidance that had been circulated by the Corporate Secretary for comment.

39/11 SAFEGUARDING UPDATE (ADULTS AND CHILDREN)

The Committee received a comprehensive report which included key documents as part of the monitoring function of the Trust's statutory and mandatory duties in respect of safeguarding. Members made comments on the detail of the report and advised that individual sections of the appendices to the report needed to be referred to the Patient Safety and Safeguarding Panel and/or the Executive Team for further consideration before coming back to the Committee as an update on progress and to report outcomes in relation to the agreed action.

RESOLVED: That

(1) the Board approves the Safeguarding Vulnerable Adults Initial Annual Report (Appendix 1) and the Safeguarding Children Annual Report (Appendix 2) and the Committee supports the key recommendations identified as follows:-

- the recommendation identified within the annual report to ensure that the Trust Board receives Safeguarding training within the next annual reporting period to comply with the 3 yearly requirement;**
- the recommendation that the Safeguarding agenda must be an integral part of the Trust's modernisation program;**
- the need to ensure sufficient time and focus is allocated to governance, education and monitoring of compliance in relation to the Safeguarding statutory and mandatory requirements of the Trust; and**
- the need to ensure the Trust's current and future information governance arrangements allow for appropriate information to be shared in a timely manner in order to safeguard children and vulnerable adults.**

(2) the Trust action plan in response to the Older Person's Commissioners Report – 'Dignified Care' be approved and the recommendation to appoint a Non Executive Champion for Older People be supported and referred to the Trust Board Chairman for determination (Appendix 3);

(3) Section 28 of the Children Act, WAST self assessment, be approved prior to translation into Welsh and dissemination to the 22 Local Safeguarding Children Boards (Appendix 4);

(4) the amended HIW Safeguarding & Protecting Vulnerable Adults in Wales WAST action plan be approved (Appendix 5);

(5) the recent LSCB Serious Case Review WAST action plan be approved (Appendix 6);

(6) the completed RCT Serious Case Review (LSCB) WAST action plan be signed off (Appendix 7);

(7) regular progress reports be submitted to the Committee, particularly in relation to paragraph 9 of the report, in addition to

initial proposals to measure all outcomes as a result of implementing the action plans and the wider safeguarding framework; and

(8) a slot be identified, as a matter of urgency, at a future Board Development session to familiarise the Board on safeguarding issues and the need to ensure that Trust staff are aware of their responsibilities in respect of safeguarding vulnerable people.

40/11 HEALTH AND SAFETY PLAN

The National Risk and Health and Safety Manager briefed the Committee on the arrangements to work with the Health and Safety Executive (HSE) to produce a prioritised, risk-based, time bound health and safety action plan for the Trust. Work had already commenced to draft such a plan, having regard to the Trust's Strategic Plan 'Working Together for Success' and the Estates Strategic Outline Case and also operational plans. HSE Inspectors would be meeting the Trust in early September to discuss the draft Health and Safety Plan.

RESOLVED: That

(1) the contents of the letter dated 14 July 2011 to the Chief Executive from HM Principal Inspector of Health and Safety, advising the Trust of the need to develop the required Health and Safety Plan be noted;

(2) it be noted that the draft Health and Safety Plan will be discussed with HSE Inspectors at a meeting planned for 7 September 2011;

(3) the proposed reporting arrangements relating to Health and Safety and related matters be endorsed; and

(4) the progress of the Health and Safety Plan be a regular item of business for this Committee.

41/11 SAFEGUARDING CHILDREN AND ADULTS – COMPLIANCE WITH CRB

The Committee noted that this matter had been the subject of previous discussions at the former Clinical Governance Committee and members were concerned that a solution had not yet been reached.

RESOLVED: That the Committee:

(1) note with concern the current position in respect of compliance with CRB;

(2) the cost implications for the Trust of introducing repeat

checks at regular intervals of no more than three years, be understood;

(3) the Director of Workforce and OD to take the necessary steps to ensure that all CRB checks are done urgently within the guidance;

(4) an action plan be drawn up to address the shortfall;

(5) discussions be held with the Local Partnership Forum with regard to the way forward to ensure all staff are protected; and

(6) at an appropriate time in the future, the Audit Committee be asked to re-appraise the risks to the Trust and its staff, including any reputational considerations.

42/11 RESEARCH AND DEVELOPMENT/CLINICAL EFFECTIVENESS REPORT

RESOLVED:

That the report be referred to the Patient Safety and Safeguarding Panel for consideration followed by a recommendation to the Management Team and this Committee, if necessary.

43/11 STANDING OPERATING PROCEDURE FOR CONTROLLED DRUGS – REVISION AND UPDATE TO VERSION 4.8

RESOLVED:

That the report be referred to the Patient Safety and Safeguarding Panel for consideration followed by a recommendation to the Management Team and this Committee, if necessary.

44/11 CONTROLLED DRUGS SELF ASSESSMENT – INTRODUCTION OF CONTROLLED DRUGS TRAINING ONTO PARAMEDIC AND EMT CPD

RESOLVED:

That the report be referred to the Patient Safety and Safeguarding Panel for consideration followed by a recommendation to the Management Team and this Committee, if necessary.

45/11 PATIENT CLINICAL RECORD

RESOLVED:

That the report be referred to the Patient Safety and Safeguarding Panel for consideration followed by a recommendation to the

Management Team and this Committee, if necessary.

46/11 WELSH LANGUAGE BOARD RESPONSE TO WELSH LANGUAGE SCHEME ANNUAL REPORT 2010/11 AND ACTION PLAN

RESOLVED:

That the action plan on implementation of the Welsh Language Scheme following response from the Welsh Language Board, be approved.

47/11 PATIENT STORY

The Committee was briefed by the attending paramedic about the circumstances surrounding a post operative surgical case and with regard to the lessons learned following the incident. These lessons the importance of seeking further professional advice when required, the need to include post operative complications in future professional training programmes and an understanding of the Coroners Rule 43 processes.

RESOLVED: That

(1) the presentation and lessons learned from the incident be noted; and

(2) the same presentation be given in the Closed Session of the meeting of the Board on 29 September 2011.

48/11 1000 LIVES PLUS/PATIENT SAFETY UPDATE

The Clinical Director reported that the update substantially reflected the position as reported to the Board in July. Reference was made Appendices 3 and 4 giving quality of life survey results on an all Wales and Trust wide basis. The Committee advised that it would be useful to extract any meaningful information from the results to compare with other similar survey's, but also not attaching any real significance to the basic survey findings.

RESOLVED: That

(1) the contents of the report be noted; and

(2) further details be sent to the Kath Charters with regard to the research into the efficiency of the FAST documentation.

49/11 CLINICAL DIRECTORATE RISK REGISTER

In considering the latest version of the Clinical Risk Register, the Committee referred to those risks which related to more than one

directorate and the need to ensure that these risks were included in each of the relevant directorate risks registers.

It was also noted that the Trust had identified a problem in that call takers in England were not notifying NHSDW that a call had been taken off the system which presented a risk that NHSDW might close the call instead of reporting the error, or not managing the call within the Trust's processes. However, it was reported that the number of these calls had reduced significantly in recent weeks.

RESOLVED: That

(1) the content of the Clinical Directorate Risk Register be approved; and

(2) an update of the number of calls being deleted from the system, without notification, by call takers in England be monitored by the Patient, Safety and Safeguarding Panel.

50/11 CONCERNS UPDATE

The Committee discussed the most recent Concerns figures and focussed on the number of cases that had been in the system on a long term basis and had not yet been finalised. Members requested that future reports should include trend analysis and explanations about what was happening in relation to long term cases and what was causing the delays.

Reference was also made to discussions currently taking place between the Clinical Director and the Interim Director of Emergency Services to formalise the appointment of investigation officers in terms of job/person specifications, training in investigating skills and the desirability of regional availability.

RESOLVED: That

(1) the content of the report and the progress made with embedding the 'Putting Things Right' regulations, be noted; and

(2) future reports to the Committee include trend analysis in relation to long term cases and progress with arrangements for the recruitment of investigating officers.

51/11 STATION INFECTION CONTROL AUDITS AND ACTION PLANS

The report circulated to the Committee referred to measures to improve IPC facilities at ambulance station buildings; this action was being planned using maintenance backlog monies. The Committee requested that regular progress reports be presented to the Patient, Safety and Safeguarding Panel and this Committee, particularly in

relation to the risks associated with those stations that the Trust would be unable to upgrade for whatever reason.

RESOLVED: That the action plan be received and the Patient, Safety and Safeguarding Panel and this Committee be kept up to date with progress in implementing the various actions of the plan.

52/11 REVISED STANDING OPERATING PROCEDURE FOR RAPID RESPONSE VEHICLES (RRV's)

RESOLVED: That consideration of this matter be deferred to the next meeting of the Committee because the Management Team had advised that further discussion was necessary before it could be presented to the Committee.

53/11 PARTNERS IN HEALTHCARE ANNUAL REVIEW

The Committee considered the Partners in Healthcare Annual Review for 2010/11 and also looked forward to the arrangements to produce the Public Health and Engagement Strategy for 2012/14. In considering the Annual Review paper, members asked whether it would be possible to find the funds to produce a more professional Annual Review document.

The Committee focussed on the preliminary arrangements to draft the 2012-14 strategy and advised that the document needed to include the National Principles of Public Engagement in Wales and show how the Trust intended to deliver on the aims set out in the 'Working Together for Success' initiative.

RESOLVED: That

(1) the Board be recommended to endorse the Partners in Health care Annual Review for 2010/11 and to note the key elements in the Review;

(2) the future objectives of stakeholder engagement be noted and the National Principles for Public Engagement in Wales be included in the drafting of the Trust's Public Health and Engagement Strategy for 2012/14; and

(3) the Clinical Director to discuss with the Management Team the likelihood of obtaining funding to produce a more professional publication of the Annual Review report.

54/11 PROGRESS ON STATUTORY AND MANDATORY TRAINING 2010/11

In considering the report, the Committee noted that, in relation to the staff handbook, the prioritisation of training and the release of staff for

training, performance had not reached the level that was required and the Trust needed to have a clear understanding why the current arrangements were not working.

It was appreciated that this matter was also linked to the next item entitled 'Appreciative Inquiry'.

RESOLVED:

That the Trust's Statutory and Mandatory training programme for 2011-12, be noted.

55/11 APPRECIATIVE INQUIRY

The contents and suggestions contained in the report circulated to the Committee, did not fully address the previous concerns of members to identify the practical difficulties of why staff were not accessing the training that was being offered within the Statutory and Mandatory Training Programme.

The methodology requested should contain case studies focussing on 2 or 3 localities across the Trust and to look at how statutory and mandatory training was managed over a 12 month period. Reference was also made to a review of that status of ICT equipment and whether it was fit for e learning purposes.

RESOLVED : That

(1) the contents of the report be noted;

(2) further discussions be held between John Morgan, Judith Hardisty and Karen Lockyear to review and improve the current arrangements; and

(3) Karen Lockyear to contact the ICT Manager regarding the review of ICT equipment for e learning purposes.

56/11 STANDARDS FOR HEALTH

RESOLVED:

That the suggestions and proposals contained in the report be agreed as the way forward to ensure that the Standards for Health Services become embedded within all Trust teams and services.

57/11 NHS WALES CODE OF CONDUCT – IMPLEMENTATION

RESOLVED:

That this item be withdrawn and considered instead at a future meeting of the Strategic Planning Committee.

Reports relating to the items of business in these minutes can be found on the Trust's website, www.ambulance.wales.nhs.uk